PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 09/593 79 3													3	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ALL	ENTITY	OR	OTHER	R THAN	
FC	OR		NUMBER FILED			NUMBER	EXTRA	RA	RATE F		7	RATE	FEE	1
BASIC FEE									345.00	OR		690.00	1	
TOTAL CLAIMS / g minus 20= · 43							XS	9=		1	X\$18=	774	1	
INE	INDEPENDENT CLAIMS minus 3 = '						15	-	9=	-	OR		17/	
ML	MULTIPLE DEPENDENT CLAIM PRESENT									-	OR	X78≃	11/0	1
	If the difference in column 4 is less than 1 and										OR	+260=	HiC	1
- 11	* If the difference in column 1 is less than zero, enter "0" in column 2								TAL		OR	TOTAL	7894	1
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ALL	ENTITY.	OR	OTHER SMALL		
AMENDMENT A		REM	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· le	<i>D</i>	Minus		63	=	X\$	9=		OR	X\$18=		
	independent	• 19)	Minus	***	1/69	= /	ХЗ	X39=		OR	X78=	78 R	£
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												14 /	5-9-1
7 (Column 1) (Column 2) (Column 3)								+13 T(ADDIT	JATC		OR OR	+260= TOTAL ADDIT. FEE		
5 L	· CLAIMS HIGHEST									ADDI-	1 1		4001	
	1 V/04	AF	AINING TER IDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA [*]	ΓΕ	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· /	6	Minus	**	63	= -	X\$	9=		OR	X\$18=		
	Independent	•	7	7 Minus		19	=	X39)_			X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR			
								+13			OR	+260=	_	
									FEE:		OR	TOTAL ADDIT. FEE		
			ımn 1)			olumn 2)	(Column 3)							
<u> </u>		REM/ AF	AIMS AINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	**		=	X\$ 9)=		OR	X\$18=		
	Independent	*		Minus	***		=	X39			l	X78=		
٦.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=		OR	V10=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.)=		OR	+260=		
!	the "Highest Nur I the "Highest Nur	nber Pre mber Pre	viously Pai viously Pa	id For IN THI id For IN THI	S SPA IS SPA	CE is less tha CE is less tha	n 20, enter "20."	ADDIT.		propriate box		TOTAL ODIT, FEE IMA 1.		

Application or Docket Number